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CENTRAL FAX CENTER**JUN 03 2005****FAX TRANSMISSION****DATE:** June 3, 2005**PTO IDENTIFIER:** Application Number 09/581,861-Conf. #4402
Patent Number**Inventor:** Dana M. Fowlkes et al.**MESSAGE TO:** US Patent and Trademark Office**FAX NUMBER:** (703) 872-9306**FROM:** EDWARDS & ANGELL, LLP

Peter C. Lauro

PHONE: (617) 439-4444**Attorney Dkt. #:** 60623C1P(50370)**PAGES (Including Cover Sheet):** 5**CONTENTS:** Transmittal (1 page)
Revocation of Power of Attorney with New Power of Attorney and Change of Correspondence
Address (1 page)
Statement Under 37 CFR 3.73(b) (1 page)
Certificate of Transmission (1 page)

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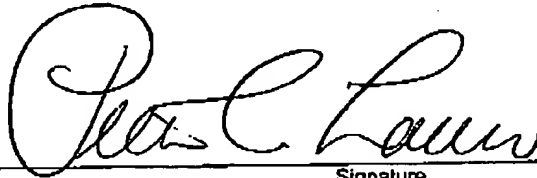
Application No. (if known): 09/581,861

Attorney Docket No.: 60623CIP(50370)

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Transmittal (1 page)

Revocation of Power of Attorney with New Power of Attorney and Change of Correspondence Address (1 page)

Statement Under 37 CFR 3.73(b) (1 page)

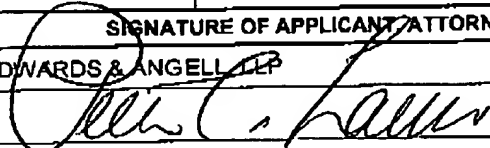
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TRANSMITTAL FORM <i>(to be used for all correspondence after initial filing)</i>	Application Number	09/581,861-Conf. #4402
	Filing Date	March 5, 2001
	First Named Inventor	Dana M. Fowlkes
	Art Unit	1646
	Examiner Name	G. Chandra
Total Number of Pages In This Submission	Attorney Docket Number	60623CIP(50370)

ENCLOSURES (Check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input checked="" type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below):
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SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT		
Firm Name	EDWARDS & ANGELL LLP	
Signature		
Printed name	Peter C. Lauro	
Date	June 3, 2005	Reg. No. 32,360

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REVOCATION OF POWER OF ATTORNEY WITH NEW POWER OF ATTORNEY AND CHANGE OF CORRESPONDENCE ADDRESS	Application Number	09/581,861-Conf. #4402		
	Filing Date	March 5, 2001		
	First Named Inventor	Dana M. Fowlkes		
	Art Unit	1646		
	Examiner Name	G. Chandra		
	Attorney Docket Number	60623CIP(50370)		

I hereby revoke all previous powers of attorney given in the above-identified application.

☐ A Power of Attorney is submitted herewith.

OR

☒ I hereby appoint the practitioners associated with the Customer Number:

☐ Please change the correspondence address for the above-identified application to:

☐ The address associated with Customer Number:

OR

☒ Firm or Individual Name **EDWARDS & ANGELL, LLP**
Peter C. Lauro

Address **P.O. Box 55874**

City **Boston**

Country **US** State **MA** Zip **02205**

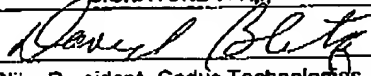
Telephone **(617) 439-4444** Fax **(617) 439-4170**

I am the:

☐ Applicant/Inventor.

☒ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

Signature 

Name **David Blitz, President, Cadus Technologies, Inc.**

Date **5/23/05** Telephone **212-575-7800**

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☐ *Total of 1 forms are submitted.

PTO/SB/86 (09-04)

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STATEMENT UNDER 37 CFR 3.73(b)Applicant/Patent Owner: Cadus Technologies, Inc.Application No./Patent No.: 09/581,861Filed/Issue Date: March 5, 2001Entitled: YEAST CELLS EXPRESSING MODIFIED G PROTEINS AND METHODS OF USE THEREFORCadus Technologies
(Name of Assignee), a Corporation
(Type of Assignee, e.g., corporation, partnership, university, government agency, etc.)

states that it is:

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The extent (by percentage) of its ownership interest is _____ %
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- B. ☐ A chain of title from the inventor(s), of the patent application/patent identified above, to the current assignee as shown below:

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[NOTE: A separate copy (i.e., a true copy of the original assignment document(s)) must be submitted to Assignment Division in accordance with 37 CFR Part 3, if the assignment is to be recorded in the records of the USPTO. See MPEP 302.08]

The undersigned (whose title is supplied below) is authorized to act on behalf of the assignee.

David Blitz
Signature5/23/05
DateDavid Blitz
Printed or Typed Name212-575-7800
Telephone NumberPresident, Cadus Technologies, Inc.
Title